

**FACSIMILE COVER SHEET**

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**VIA FACSIMILE 1-703-305-3230**

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Washington, D.C. 20231

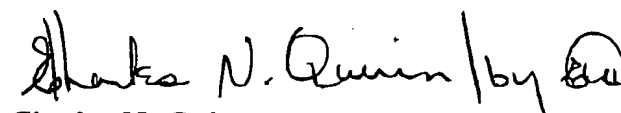
**Re: U.S. National Phase of International Patent Application  
PCT/GB98/02941—Pheromone Composition  
Our File: 013455.00009**

Dear Sirs:

Applicant through its undersigned counsel hereby request a one month time extension to respond to the notification of missing requirements dated 11 May 2000.

Please charge any fees for this extension to our Deposit Account No. 50-1089.

Respectfully submitted,



Charles N. Quinn  
Res. No. 27,223  
Attorney for Applicant

CNQ:cw

## PCT

## CHAPTER II

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

*Edward J. Timmer June 12, 2000*

International application No. <u>PCT/US99/26338</u>	For Preliminary Examining Authority use only	
Applicant's or agent's file reference <u>7309/JB</u>	Date stamp of the IPEA	
Applicant THE PROCTER & GAMBLE COMPANY		
Calculation of prescribed fees		
1. Preliminary examination fee ..... (US)	\$ 490.00	P
2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) .....	\$ 153.00	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	\$ 643.00	
		TOTAL
Mode of Payment		
<input checked="" type="checkbox"/> authorization to charge deposit account (see below) <input type="checkbox"/> cash		
<input type="checkbox"/> cheque <input type="checkbox"/> revenue stamps		
<input type="checkbox"/> post money order <input type="checkbox"/> coupons		
<input type="checkbox"/> bank draft <input type="checkbox"/> other (specify):		
DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all IPEAs)		
The IPEA/US <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.		
<input checked="" type="checkbox"/> (this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.		
16-2485	<u>22 May 2000</u>	<u>T. David Reed</u>
Deposit Account No.	Date (day/month/year)	(Signature) T. David Reed/Patent Agent